

**SOUTHWEST BENEFIT ADMINISTRATORS, LLC  
NOTICE OF PRIVACY AND INFORMATION PRACTICES**

**THIS NOTICE IS EFFECTIVE AS OF JANUARY 1, 2005**

**This notice describes how medical/dental/vision information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information**

At Southwest Benefit Administrators, LLC (SBA), we use health information and personal information about you to confirm eligibility and benefits, to pay claims from your dentist, to coordinate benefits with other carriers, to administer the group dental contract and to perform quality assurance. We NEVER sell any information we collect while processing transactions on your request while you are covered under SBA or after your coverage ends.

SBA collects information about you (including full-time student status, handicap status, guardianship status documents) through the enrollment process and through the payment of claims. This information collection, use, and disclosure is how SBA's customer service representatives, claims processors, and other staff properly administer group dental contracts as well as communicate to dental offices. SBA is permitted to use or disclose protected health information to the individual, pursuant to an authorization, and for treatment, payment, or health care operations. We may use and disclose your protected health information in these instances.

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then SBA may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. You may opt out of this provision by sending us a written statement.

SBA, as a health insurance issuer, with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

We will share your protected health information with third party “business associates” that perform various activities (e.g., printing of checks and explanations of benefit [EOBs]) for SBA. Whenever an arrangement between SBA and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

### **Authorizations**

We provide information without obtaining your authorization, when required by law (such as for law enforcement in specific circumstances), when requested by the Arizona Department of Insurance or when required by the Secretary of Health and Human Services. Other examples include, public health and health oversight activities, judicial and administrative proceedings, coroners and medical examiners, Governmental health data systems, directory information, banking and payment processes, research purposes, emergency circumstances, next-of-kin, specialized classes (military purposes, Dept. of Veterans Affairs, the intelligence community, Dept. of State), and other requirements defined by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

In situations other than routine administration or as described above, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. This request can be made at any time, in writing, except to the extent that SBA has taken an action in reliance on the use or disclosure indicated in the authorization.

You can be assured that when processing or servicing a transaction at your request, only the minimum necessary information regarding your account or personal history information will be used or disclosed, as permitted by law. SBA applies the “most stringent” law to your health information. That means that you are afforded the most protection whether that is from Federal or State Regulation. Greater individual rights of access and amendment provides greater privacy protection for the individual who is the subject of the individually identifiable health information.

### **When You Get A Notice**

This notice must be provided no later than the compliance date to individuals then covered by the plan and within 60 days of a material revision to the notice, to individuals then covered by the plan. No less frequently than once every three years, the health plan must notify individuals then covered by the plan of the availability of the notice and how to obtain the notice. The health plan may provide the notice to the named insured of a policy under which coverage is provided to the named insured and one or more dependents. If you requested or agreed to receive this notice electronically, you may obtain a paper copy upon request.

We may change our policies at any time. However, before we make a significant change in our policies, we will change our notice of information practices and deliver the revised notice as required by law. The revised notice will be effective for all protected health information that we maintain at that time. You can also request a copy of our notice at any time by accessing our website at

www.swbenefit.com or by calling the office and requesting that a revised copy be sent to you in the mail. For more information about our privacy practices, please contact the person listed below.

### **Individual Rights**

In most cases, you have the right to request and to receive a copy of health information about you that we use to make decisions about you. If you request copies, you will be charged \$0.10 (10 cents) for each page. You also have the right to request and to receive a list of instances where we have disclosed health information about you. SBA does not routinely record the identity of the recipient of the information that we have disclosed to confirm eligibility and benefits, to pay claims from your dentist, to coordinate benefits with other carriers, to administer the group dental contract and to perform quality assurance. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information to confirm eligibility and benefits, to pay claims from your dentist, to coordinate benefits with other carriers, to administer the group dental contract, to perform quality assurance, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

### **Complaints**

If you are concerned that we have violated your private rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the Arizona Department of Insurance. The person listed below can provide you with the appropriate address upon request.

You may also file a complaint to the Secretary. In accordance with Federal Regulations (§160.306), your complaint must be filed in writing, either on paper or electronically. You must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable standards, requirements, and specifications. A complaint must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause. We will not retaliate against you for filing a complaint.

### **Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

**If you wish to inspect your records, receive a listing of disclosures, or correct or add to the information in your record, or if you have any questions, complaints or desire additional information, please contact: Customer Service – Privacy Officer, 5656 W. Talavi Boulevard, Glendale, AZ 85306. Phone: (602) 588-3972 or (888) 651-2039, Email: [customerservice@swbenefit.com](mailto:customerservice@swbenefit.com).**